



DEVELOPMENTAL SERVICES DIVISION

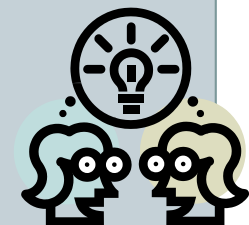
CHILDREN'S MENTAL HEALTH BUREAU

MAY, 2012
(Replaces All Prior Dated Versions)

Purpose of Today's Training



- To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving youth needing mental health services.
- Provide an overview of CMHB
- To review recent policy changes affecting children's mental health services
- To review upcoming opportunities and to answer questions from participants



Who we are?

Mission: to provide

collaborative leadership in

an integrated system of

care for Montana families,

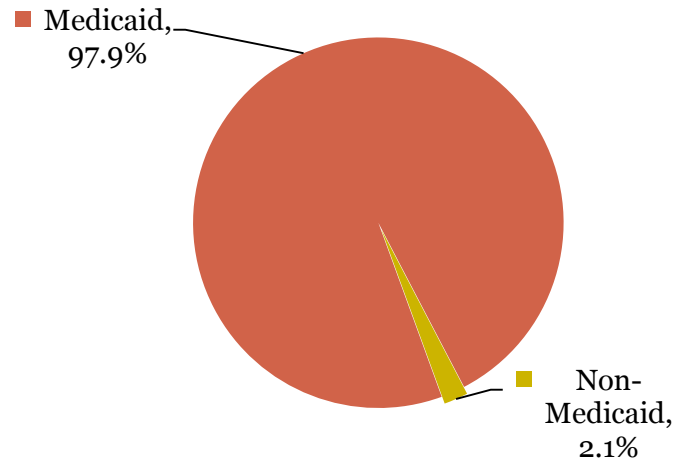
youth and children and to

manage Medicaid funded

mental health services.

The Children's Mental Health Bureau (CMHB) manages state funded children's mental health services, which is primarily Medicaid funding.

Expenditures
(Medicaid versus non-Medicaid, including state and federal funds)



Components of CMHB



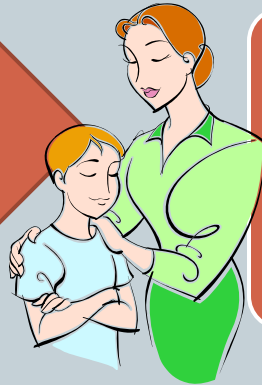
Youth Voice

CMHB

**Mental Health
Medicaid
Programs**

**Non-Medicaid
Programs**

**Family
Driven**



**DRTF
Demonstration
Waiver**

The People of CMHB (Central Staff)



Administrative Assistant, Nancy Whitbeck-Nicholson



Bureau Chief, Bonnie Adee



Budget Analyst, Julie Frickel



Medicaid Program Officers

Diane White, PRTF, acute and partial hospital

Jamie Olsen Stolte, TFC, TFC, all outpatient therapies



Dan Carlson-Thompson: ,TGH, ENA, TCM, and Respite



PRTF Waiver Demonstration Grant Project Director, Laura Taffs

Evaluator, Jane Bernard

PRTF Waiver Plan Mangers

Community Services Supervisor, Dan Ladd

Overview of CMHB/HMK plus (Medicaid)



- CMHB is responsible for designing, developing, managing, paying for and evaluating mental health services for youth enrolled in HMK plus (Medicaid).
- The primary population served is youth with serious emotional disturbance (SED).
- The Bureau source of funding for the purchase of services is federal Medicaid dollars matched with state funds.
- The cost of administering mental health services for youth with SED is less than 5% of the total dollars spent on these services.





**CMHB
Administrative
Functions:**

- ✓ Design
- ✓ Develop
- ✓ Manage
- ✓ Evaluate

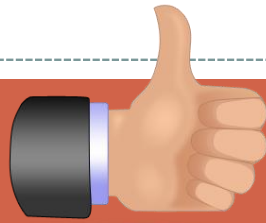
All in accordance with Federal and State Rules and Regulations.

Medicaid is a payer, not a placing agency. CMHB does not “place kids”. CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

Montana Medicaid Programs
for Children’s Mental Health

CMHB HMK plus/Medicaid functions continued..

CMHB does



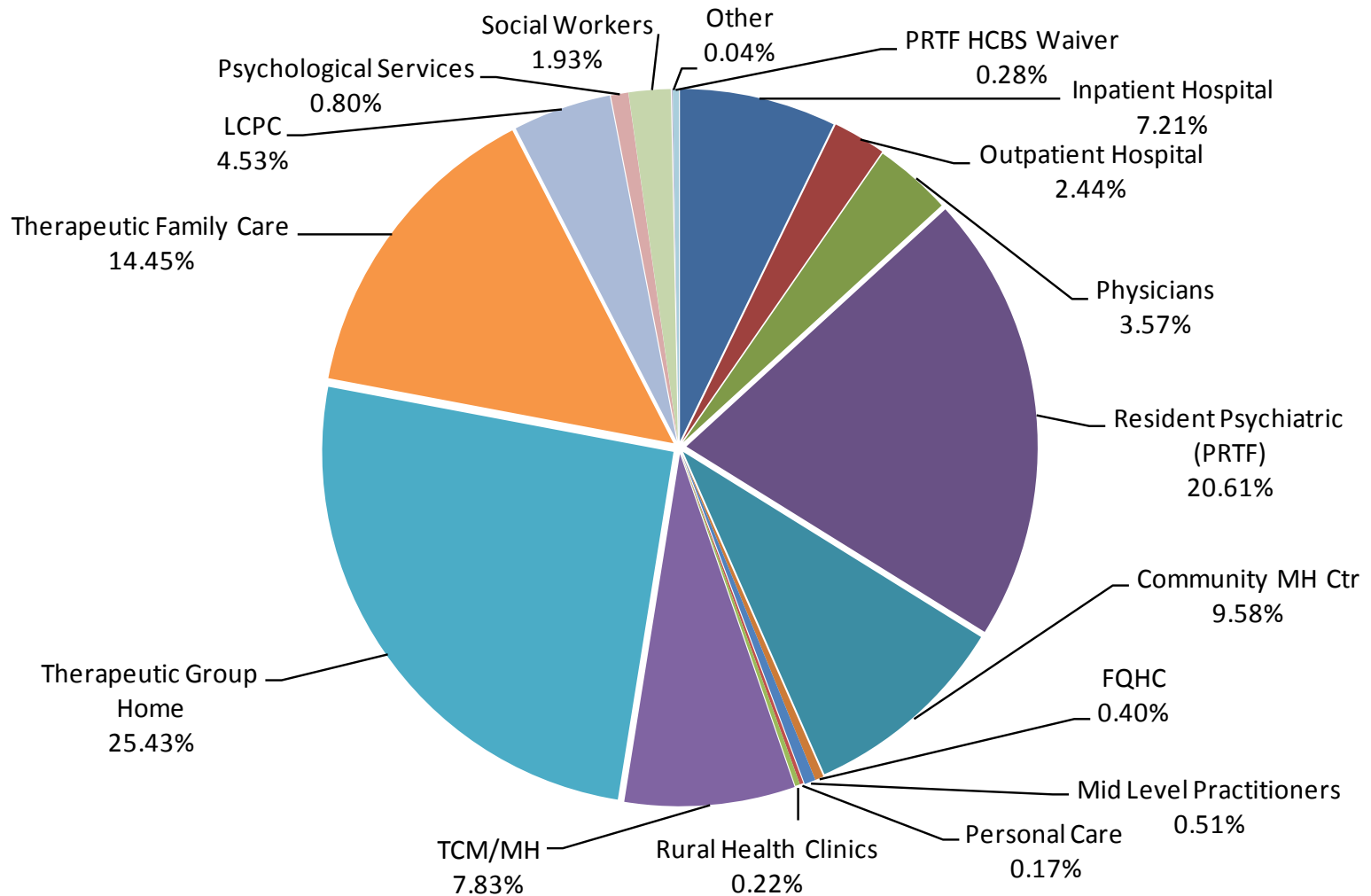
- Manage UR contract with Magellan Medicaid Administration (MMA);
- Research, develop, and implement administrative rules and state plans to improve mental health services;
- **Provide technical assistance to providers, families, other child serving agencies;**
- Develop partnerships with all stakeholders;
- Represent the department during administrative reviews, fair hearings and other legal proceedings;
- Work with the federal government to implement federal policy/rule changes.

CMHB does not



- Have legal custody of children;
- Give coding advice;
- Have independent authority to recover payment;
- License mental health centers, group homes, PRTFs and other licensing entities, or license mental health professionals;
- Manage youth chemical dependency services, adult mental health or school based mental health programs.

Services Reimbursed by HMK *Plus* (Medicaid) by Provider Type



CMHB Medicaid Funded Mental Health Services
Based on SFY 2010 Claims

Youth Served by Provider Type (duplicated)



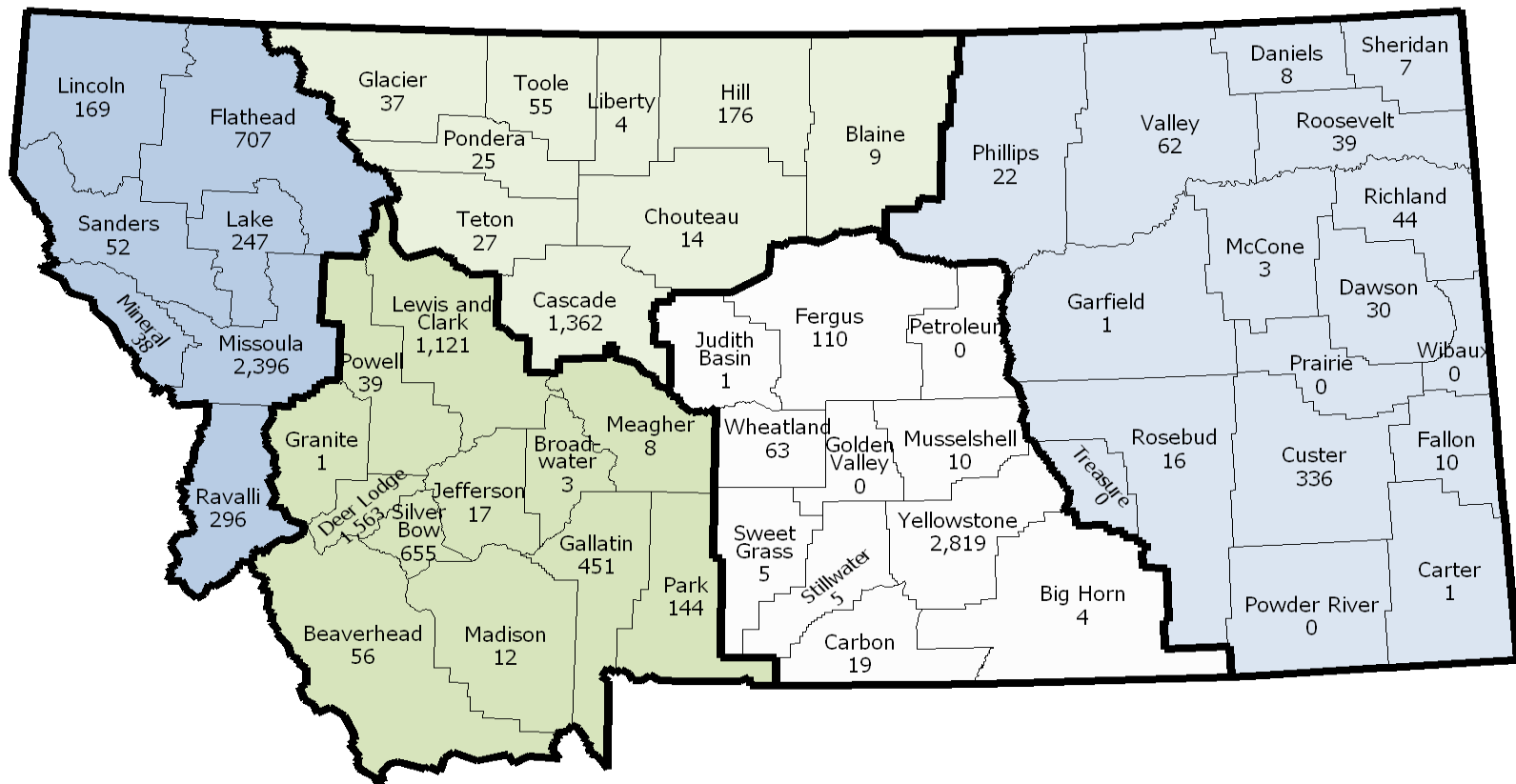
CLAIMS PAID IN SFY 2010		
PROVIDER TYPE	\$\$ SPENT	YOUTH SERVED
Therapeutic Group Home	\$16,319,981	536
Resident Psychiatric (PRTF)	\$13,231,297	417
Therapeutic Family Care	\$9,275,927	1096
Community MH Ctr	\$6,148,088	2082
Case Mgmt/Mental Health	\$5,026,429	3355
Inpatient Hospital	\$4,625,410	611
LCPC	\$2,907,506	4359
Physicians	\$2,292,974	4321
Outpatient Hospital	\$1,566,107	1914
Social Workers	\$1,239,405	2224
Psychological Services	\$515,633	1102
Mid Level Practitioners	\$329,719	1188
FQHC	\$254,558	493
PRTF HCBS Waiver	\$180,000	19
Rural Health Clinics	\$139,691	471
Personal Care	\$108,617	20
Other	\$26,881	122

Youth Served Statewide



DPHHS — Children's Mental Health Bureau

Number of People Served FY 2010



Region 1 2 3 4 5

CMHB HMK Plus/Medicaid Eligibility

Eligibility Requirements

Medicaid/HMK Plus served approximately 9,800 youth, with approximately \$63 million dollars in SFY 2010.

Youth **under 18** years of age (or under 19 if still **in an accredited secondary school**) who meet the definition of having a **serious emotional disturbance** with household **income under 133% FPL**

- **Non-SED youth** up to 18 (or under 19 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited.
- Find the full definition of SED at ARM 37.87.303
<http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E87>

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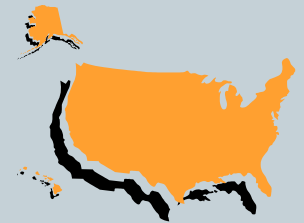
Managing Services through Utilization Review



- Contract with Magellan Medicaid Administration (MMA) for the clinical review of medical necessity and prior authorization for some services, regional care coordination, appellate physician reviews and appeals, maintenance of electronic records, and service utilization reporting.

The Department defines medical necessity criteria for each service which can be found at <http://www.dphhs.mt.gov/mentalhealth/children/services.shtml>

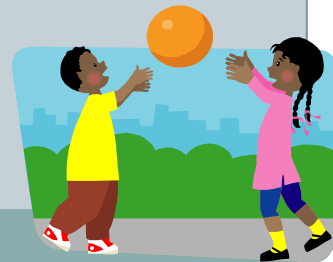
- MMA uses the professional resources of its National Review Center in Richmond, VA, where it employs staff nurses, social workers, psychologists, and board certified psychiatrists.



Non-Medicaid Programs billed to ACS



- Respite for families with SED youth who need short-term relief from their caretaking responsibilities. This is a limited benefit providing up to 12 hours per month or 144 hours per year.



Non-Medicaid Programs SSP



Supplemental Services Program (SSP)

- Funding is general fund used for Maintenance of Effort (MOE) for Temporary Assistance for Needy Families (TANF).
- SSP is a capped non-assistance program .
- Purpose is to strengthen families and support the return of the child to the home.
- Only for short-term use; cannot exceed four months in a twelve month federal fiscal year but doesn't need to be consecutive
- Only available when HMK or HMK Plus does not cover the service requested.
- Limited to youth with serious emotional disturbance (SED) who are currently receiving HMK or HMK Plus
- Countable family income must be at or below 185% of the Federal Poverty Level (FPL). Youth receiving SSI, adoption or guardianship subsidies, or who are enrolled in a Medicaid waiver may be over income for SSP. Family income in these situations will be assessed.
- <http://www.dphhs.mt.gov/publications/index.shtml#cmh>

Overview of PRTF Demonstration Waiver



- Will not be continued as a demonstration waiver after 9/30/2012.
- No new youth enrolled after that date, but youth already in the waiver will be served with a new 1915© waiver until discharged.
- The purpose of the PRTF Waiver is to support youth in need of Psychiatric Residential Treatment Facility level of care to remain in their homes and communities with family.
- Youth enrolled in the Waiver have an individualized Plan of Care and access to a package of HCBS services, including High Fidelity Wraparound facilitation.
- Youth enrolled in the Waiver **also** have access to all Medicaid state plan services that are medically necessary.
- The cost of PRTF Waiver services plus Medicaid State Plan services for a youth cannot exceed the average PRTF facility cost for the period the youth is enrolled in the Waiver.
- To be eligible for the PRTF Waiver youth must be Medicaid-eligible, meet PRTF facility level of care, and be aged 6 through 17.
- Youth must live in a family in order to receive PRTF Waiver services.
- Waiver services cannot be paid for while youth is in a PRTF or hospital.

Policy and Rule Changes



CMHB communicates policy and rule changes through public notice via websites and e-mails. To become an interested party who receives rule changes, e-mail Melissa Higgins: mhiggins@mt.gov

Keep e-mail updated in ACS system!

Montana Medicaid Provider Information Website

<http://medicaidprovider.hhs.mt.gov/index.shtml>

Montana Secretary of State Website

<http://www/mt rules.org/>



You can search by text, rule number, or even chapter number.

You can also get a table of contents listing.



Montana's Official State Website



SECRETARY OF STATE *Brad Johnson*
Montana Secretary of State

HOME SEARCH SUBSCRIBE COMMENT ABOUT US CONTACT US HELP

Subscriber Login

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You do not need to subscribe to search the ARM or Register. Subscription is free and allows users to save searches and create a book of commonly used rules.



this is
MONTANA

Administrative Rules of Montana

(updated through June 2008)

How to ...

- [Learn](#) more about the administrative rule process
- [Find](#) Register publication dates
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Related Resources

- [Official Website](#)
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- [Administrative Rules and Notary Services](#)
- [ARM templates](#)
- [Montana Code Annotated \(MCA\)](#)
- [Code of Federal Regulations \(CFR\)](#)

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Match words within current rules in Administrative Rules of Montana

By Rule Number ?

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By Department, Chapter, and Rule Table of Contents

By MCA Number ?

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Montana Administrative Register

(from January 2007)

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NEW PROVIDER
ENROLLMENT OR
EXISTING PROVIDER
REENROLLMENT

**MONTANA MEDICAID
CLIENT INFORMATION
PROVIDER
INFORMATION**

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[Resources by Provider Type](#)

Montana Medicaid Provider Information

WHAT'S NEW ON THE SITE THIS WEEK

Web Portal Maintenance

The MATH web portal will be unavailable on Saturday, October 18, from approximately 6 a.m. to 8 a.m. for scheduled maintenance.

Holiday eSOR Schedule

Due to the Columbus Day holiday, Electronic Statements of Remittance (eSORs) will be posted to the website on Tuesday afternoon, October 14, or Wednesday morning, October 15. Payments also will be delayed by one day.

New Inpatient Reimbursement Begins October 1, 2008

On October 1, 2008, the Montana Department of Public Health and Human Services implemented a new inpatient payment methodology based on All Patient Refined Diagnosis Related Groups (APR-DRGs). Effective for claims with first date of service October 1, hospitals must follow new billing requirements and will be paid under the new method. Any claims with an October admission date received in the first several weeks of October will be paid using the previous method and then automatically adjusted by ACS. All hospitals will continue to receive payments weekly during this transition period. For more information, visit the [New APR-DRG Payment Method](#) page.

Mass Adjustments in Process for Claims Requiring NDC

Effective April 1, 2008, the National Drug Code (NDC) is required to be billed in addition to the procedure code for certain physician-administered drugs for certain provider types. Claims with dates of service April 1, 2008, and after

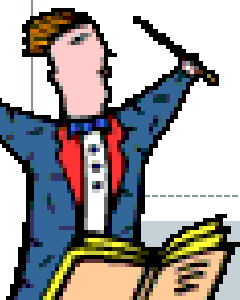
Recent Changes



- Limited care coordination available for youth in PRTF
- Reimbursement changes to PRTF and Ancillary Services
- Prior authorization requirements discontinued TCM and outpatient therapy concurrent with CSCT **and** 2% rate reduction
- For youth going to out-of state facilities



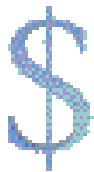
Limited Care Coordination Available for Youth in PRTF



Two functions of TCM allowed as care coordination for youth in PRTF:

✎ Monitoring and Referral (activities defined in ARM)
Limited to 16 hours per month for treatment team attendance and up to 32 units within the last 30 days for discharge planning and to link and refer.

See the provider notice dated 08/16/11 and titled *Care Coordination Is Available on a Limited Basis for Youth in a Psychiatric Residential Treatment Facility* for more details.



Reimbursement Changes to PRTF and Ancillary Services



- Additional ancillary services are covered for a youth in PRTF.
- This applies to both in-state and out-of state PRTFs.

See the provider notice dated 07/18/11 and titled *Reimbursement Changes for Covered Ancillary Services Provided to Youth in a Psychiatric Residential Treatment Facility (PRTF) and Additional Ancillary Services Are Covered.*

See MAR Notice 37-533 for official rule language.

Prior Authorization Requirements Discontinued TCM and Outpatient Therapy Concurrent with CSCT AND 2% Rate Reduction



- ☺ Effective **07/01/2011** TCM does not require prior authorization and unit limits were repealed.
- ☺ Effective **08/01/2011** Outpatient concurrent with school based mental health (CSCT) does not require prior authorization.

All services must be medically necessary. Guidelines for medical necessity is available in the *Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management*, August 1, 2011 version.

See provider notice dated 07/18/11 and titled *Prior Authorization Requirements Discontinued for Targeted Case Management (TCM) and Outpatient Therapy Concurrent with Comprehensive School Community Treatment (CSCT)*.



See MAR Notice 37-543 for official rule language

Effective 09/01/2011, most mental health service rates were reduced by 2%.

For youth going to Out-of State facilities



- Before a Medicaid eligible youth receives prior authorization for admission to an OOS PRTF, admission must first be requested and declined from all 3 in-state PRTFs **and** from the PRTF Waiver site (if the youth is from a county served by the PRTF Waiver).
- See the provider notice dated 06/24/11 titled *PRTF Waiver Site Denial Required*.



Upcoming Changes?

Heard?



- Utilization Review Contract Change
- Upcoming Rule Changes
- Comprehensive School Community Treatment (CSCT) moves divisions
- Plans to implement use of a functional assessment
- Plans to implement a 1915 (i)State Plan Initiative

Utilization Review Contract Change



- UR contract ends 06/30/12 with 90-day extension through 09/30/12.
- New contract to begin 10/01/2012.
- The Department will publish a new provider manual with new clinical guidelines for mental health services effective 10/01/12.

Use resources identified in previous slides to find upcoming information.



Upcoming Rule Changes



- Respite: Non-Medicaid general fund respite will be limited due to projected overspending.
- Therapeutic Foster Care (TFOC) and Therapeutic Family Care: TFOC and TFC programs were reviewed and the project is currently meeting with providers to develop draft changes to be implemented October 1st with more policy changes to be ongoing.
- Implementation of HB 565: Purpose is to serve out-of-state youth within the state of Montana. The Department is developing a web-based system to identify out-of-state youth to help providers locate in-state resources.

Comprehensive School and Community Treatment (CSCT) Moves Divisions



- Administration of CSCT moves from Health Resources Division to Developmental Services Division (DSD) effective July 1, 2012.
- The DSD Administrator is convening a workgroup of representatives from schools, Office of Public Instruction (OPI), Mental Health Providers, Family Organizations, and the Department to draft changes.
- New rules scheduled to be final 12/21/12 and take effect 07/01/13.



Plans to Implement Use of a Functional Assessment



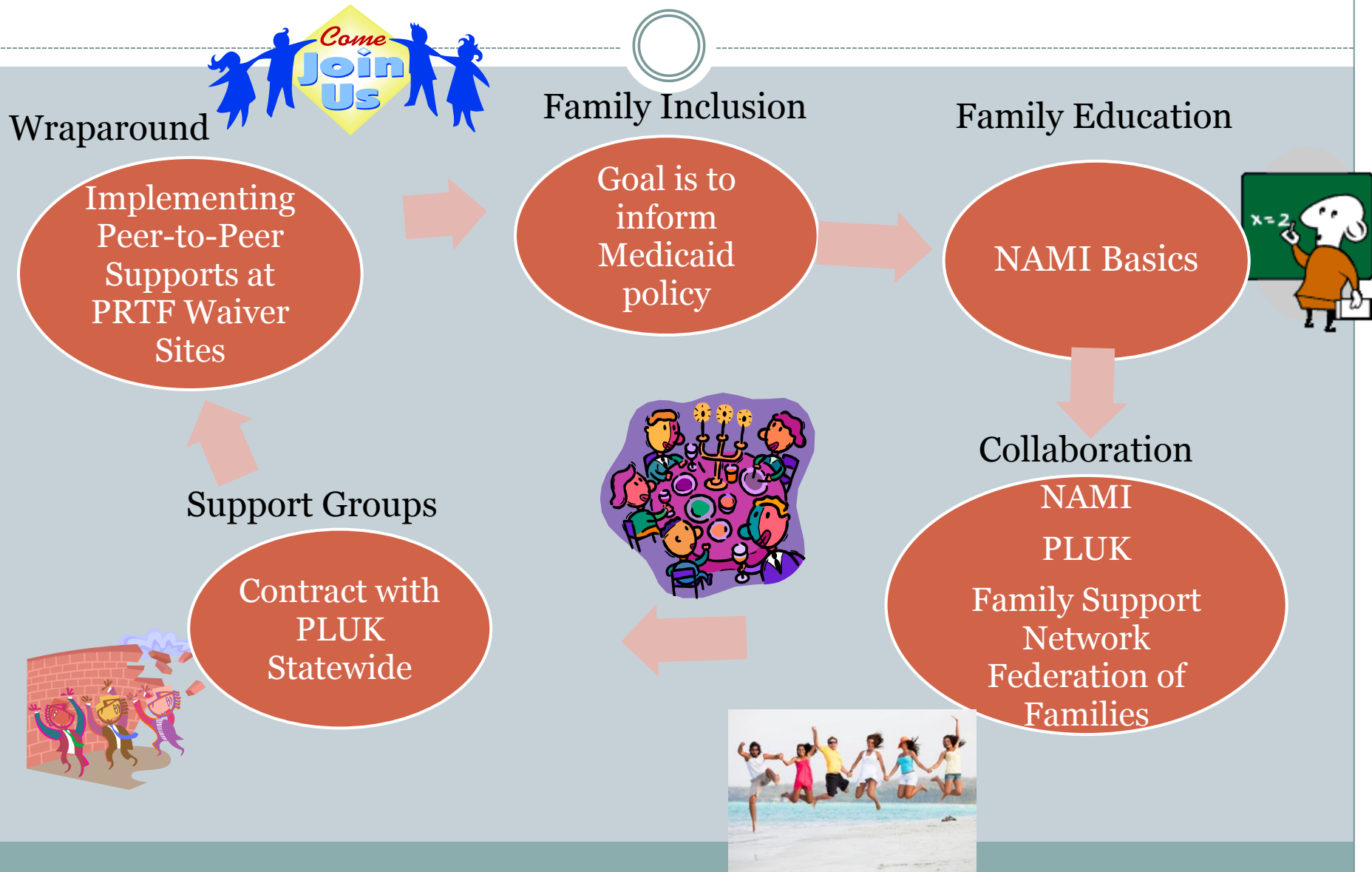
- CMHB researched statewide use of a functional assessment. In collaboration with mental health providers and other stakeholders including The System of Care Statutory Committee, the Department selected the Child and Adolescent Needs and Strengths (CANS).
- The CANS is a strength-based Total Clinical Outcome Management (TOMS) system that preserves emphasis on serving youth and family.
- Initial implementation will be required with the new 1915 (i) services and PRTFs.
- Other mental health services may use CANS in the future. For more information, refer to:
<http://www.dphhs.mt.gov/mentalhealth/children/documents/FATannouncement.pdf>

Plans to Implement 1915 (i) State Plan



- The 1915 (i) will replace the PRTF Demonstration Waiver. Youth in the Waiver 09/30/12 will continue to be served until no longer eligible.
- Statewide implementation will include current waiver services plus some additional services.
- Implementation is scheduled to begin 10/01/12.
- Services target youth who are currently in a PRTF, transitioning home from a PRTF, and youth with intensive needs in the community whose treatment needs are not being met by available community resources.

CMHB and Effort to Engage Families



Youth Voice/Youth MOVE



- **Mission**: Youth MOVE works as a diverse collective to unite the voices of youth while raising awareness around youth issues. We advocate for youth rights in mental health and the other systems that serve young people, while empowering them to be equal partners in the process of change.
- Montana chapter since April 2010.



Web Resources



- <http://www.dphhs.mt.gov/mentalhealth/children/missiongoals.shtml>
- **For Families** Information
- **For Youth** Information
- Guides and Tips Sheets
- Organizations & Groups
- Training Opportunities
- **For Providers** Fee Schedule
- Information
- Manuals
- Forms & Applications
- Magellan Medicaid Administration
- Montana Medicaid Website
- Services excluded from simultaneous Reimbursement (Matrix)
- Supplemental Services Program (SSP)
- **PRTF Waiver**

Opportunities, Questions and Followup?

